

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967243	(X3) DATE SURVEY COMPLETED R 06/07/2018
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6981 COOLIDGE STREET HOLLYWOOD, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A relicensure revisit survey was completed on 6/07/18 as a desk review for Home Sweet Home Assisted Living (license#11301). The facility corrected all outstanding deficiencies .		